



Department of Motor Vehicles  
Tax Services  
P.O. Box 27422  
Richmond, Virginia 23269-7422

## VIRGINIA FUELS TAX NOTICE OF TAX PAYMENT DEFAULT

FT214 (01/01) ❖

See filing information and instruction on back.

### SUPPLIER/PROVIDER INFORMATION

Name	FEIN/SSN
------	----------

### TAX DEFAULT INFORMATION

Name		FEIN/SSN	
Date Tax Payment Was Due (month/day/year)	Amount of Tax Payment <b>Not</b> Paid	\$	Terminal Control Number

### CERTIFICATION

I certify that the information provided above is true and correct to the best of my knowledge.			
Authorized Representative's Name (please print)		Title	
Authorized Representative's Signature			Date
Telephone Number ( )	Fax Number ( )	e-mail Address	

## FILING INFORMATION

Suppliers must submit this notice if a licensed distributor or importer fails to pay the tax owed. Providers of Alternative Fuel must submit this notice if a bonded bulk user or bonded retailer of alternative fuel fails to pay the tax owed.

**Important:** You must submit the notice within 10 business days from the date you are required to pay the tax to DMV.

---

## INSTRUCTIONS

### SUPPLIER/PROVIDER INFORMATION

**Name.** Enter the name of the supplier/provider reporting the default in payment.

**FEIN/SSN.** Enter the FEIN/SSN of the supplier/provider.

### TAX DEFAULT INFORMATION

**Name.** Enter the name of the company whose payment is in default.

**FEIN/SSN.** Enter the FEIN/SSN of the company.

**Date Tax Payment Was Due.** Enter the month, day, and year that the payment was due.

**Amount of Tax Payment Not Paid.** Enter the total amount of tax that was not paid by the company.

**Terminal Control Number.** Enter the IRS Terminal Control Number of the terminal where the product was purchased.

### CERTIFICATION

**Authorized Representative's Name, Title.** Print or type the name and the title of the representative who is authorized to sign the report.

**Authorized Representative's Signature, Date.** Authorized Representative ONLY - Sign your name and write the date in the space provided.

**Telephone Number, Fax Number, e-mail Address.** Enter the authorized representative's telephone number, fax number, and, if applicable, e-mail address.